

Montana State Legislature Employment Application

- ✓ Please complete this application by typing or printing in ink.
- ✓ Submit this form and resume, to leghr@mt.gov or Legislative Services Division – Human Resource Office, Room 154, State Capitol, Helena Montana 59620 (406)444-3230
- ✓ The deadline for submitting session applications for the 64th Legislative Session is November 10, 2014.
- ✓ We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.

PERSONAL DATA

Name _____

Present Address _____ City _____ State _____ Zip _____

Helena Address _____

Phone () - Other Phone () - E-Mail Address _____

EDUCATION

High School Diploma/GED/HiSET? ☐ Yes ☐ Post Secondary Degree? _____

Name of school beyond High School _____

Major _____ Minor _____

WORK EXPERIENCE (List most recent work experience first)

Company Name _____ Immediate Supervisor _____

Complete Address _____

Street / P.O. Box _____ City _____ State _____ Zip Code _____

Job Title _____ Phone () - _____

Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Complete Address _____

Street / P.O. Box _____ City _____ State _____ Zip Code _____

Job Title _____ Phone () - _____

Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

LIST REFERENCES AND/OR LEGISLATORS WHO KNOW ABOUT YOUR WORK AND/OR TRAINING

Name	Address	Phone Number
		() -
		() -
		() -

PLEASE DESCRIBE YOUR INTEREST IN WORKING FOR THE LEGISLATURE

CHAMBER PREFERENCE

House

☐

Senate

☐

No Preference

☐**IN WHICH CAPACITY ARE YOU MOST INTERESTED IN SERVING THE 64TH LEGISLATIVE SESSION**

Non Partisan Support Staff

☐

Majority Office

☐

Minority Office

☐**PLEASE SPECIFY DESIRED POSITIONS ([A LIST OF POSITIONS IS AVAILABLE HERE](#))**

LEGISLATIVE EXPERIENCE (YEAR AND POSITION)

ADDITIONAL SKILLS AND/OR INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature:**Date:**
